THE 6th ESRA Eastern Countries Cadaver Workshop
Ljubljana, Slovenia, October 10-11, 2008

REGISTRATION FORM

KENES International
CARES FOR YOUR ORGANIZATION
GLOBAL CONGRESS ORGANIZERS AND ASSOCIATION MANAGEMENT SERVICES

Registration and Accommodation Dept.
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Identification

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

Title ☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

Family Name | Initials | First name

Mailing Address ☐ Office ☐ Residence

Institute | Dept.

No. | Street | Suite/Apt.

City | State/Province | Country | Postal Code

Telephone (office hours): Country code/city code/number | Fax: Country code/city code/number

_____@_____

E- Mail Address

Registration Fee:

Registration fees includes Dinner and all meals offered during the meeting

Workshop Participant **For Eastern European Countries**	☐ **120€**
Workshop Participant **For other then Eastern Europe Countries**	☐ **150€**

Payment

Please indicate the amount enclosed and preferred mode of payment.

Option 1: Credit Card

☐ Visa ☐ MasterCard ☐ Diners ☐ AMEX (charges will be done in U$)

Number | Expiry Date (month/year)

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By signing this form you authorize Kenes to charge the above credit card for the balance of your account two weeks prior to your arrival for services to be rendered.